

ADIRONDACK CENTRAL SCHOOL DISTRICT

110 Ford Street
Boonville, NY 13309

Medical History

Student's Name: _____

Please check the box next to each condition if you'd like your child's medical information shared with pertinent faculty and staff members.

General Health of the Student:

1.	Diseases:	Date(s):	Release of Information	
	_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.	Accidents, Injuries, or Hospitalization	Date(s):	Release of Information	
	_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Did the injury cause unconsciousness: Yes No

If yes, how long was the student unconscious? _____

3.	Special Clinics	Date(s):	Release of Information	
	Orthopedic/foot: _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech: _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hearing: _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Mental Health: _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Vision: _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Others: _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Allergies: Yes No

If yes, list the type of allergy: _____ Yes No

Treatment: _____

5. Convulsions or seizures: Yes ____ No ____ ____ Yes ____ No

If Yes, at what age? _____ With fever: _____ Without fever: _____

Frequency: _____

Limitations to School Activity:

Please explain any condition which may limit school activity in any way:

Medications:

Does your child require any medication on a regular basis? Yes ____ No ____

If yes, please explain: _____

Name of Physician: _____

Physician's address: _____

Physician's phone number: _____

6. Have there been any happenings in his/her life or that of his/her family, which have been particularly upsetting to him/her? (example: separation, divorce, death etc.)
